

The President's Page



THE PROGRESSIVE SHIFT of social responsibility to our federal government and the growing trend to produce changes in our social structures by actions of the U.S. Congress and U.S. Supreme Court is a central fact of our time. The physicians of America have become increasingly aware of this trend in the past few years but the trend for them has been brought into sharp focus by the public hearings before the Finance Committee of the U.S. Senate on the provisions of the Social Security Amendments Act of 1965, H.R. 6675, popularly called "Medicare."

The "Medicare" provisions are only one part of the included subject matter of the bill, but they have received nearly all the attention of the witnesses before the committee. These provisions propose a system of hospital benefits for all persons 65 and older, financed on a compulsory payroll tax basis, and a supplemental health benefits plan for the same age group, financed by a contribution from the beneficiary and matched by a contribution from general tax resources of the government. The obvious result will be a nationalized health care insurance system, with little or no opportunity for survival, of any form of health care insurance for this age group in "the private sector" of our dynamic and highly effective voluntary insurance system.

The Senate Finance Committee hearings were scheduled over a period of about three weeks in May. Many organizations and many persons asked to be heard and were given time. The hearings were held from 10 to 12 each morning and each witness was allotted 10 minutes for oral testimony, followed by an opportunity for questions by the committee.

The results during the hearings were monotonously similar. In spite of strong and intelligent support from a few members of the committee, such as Sen. Carl Curtis and Sen. Wallace Bennett, the majority of the committee appeared to be disinterested, or preoccupied with multiple other responsibilities, including civil rights legislation. Witnesses generally were treated with politeness and courtesy, but committee members wandered in and out of the hearings; rarely was a majority of the committee pres-

ent and on several occasions only two or three members of the committee remained to hear any of the testimony. Most of the hearings were chaired by Sen. Clinton Anderson, author of the King-Anderson proposals in the bill. Senator Anderson obviously took great pleasure in addressing pointed questions which could embarrass or discredit witnesses for medical associations and their friends.

Press representatives, while present at many of the hearings, also appeared disinterested and gave very little coverage to the discussions.

The impression of responsible and experienced observers was that the public hearings were being held out of politeness and were not likely to result in significant changes or in reconsideration of the major provisions of the proposals. The decisions probably would be made in closed sessions, largely dictated by political expediency and pressures from the executive arm of the government. They would be colored by concern over the future costs of the program and the possible political advisability of increasing tax burdens on the voters. The vast and significant change in social orientation and organization, the serious and far-reaching effects on quality and availability of medical care and the deep concern of physicians as to future inferior patterns of care were conceded, but seemed to find only limited response or interest from the committee or even from the American public. The general consensus appeared to be that some form of the existing proposals would be enacted by the Congress and would become law.

There was a wide-spread undercurrent of feeling that physicians must now endure the present developments patiently and be as helpful as they are permitted to be in guiding the development of administrative regulations, while making every effort to safeguard the existing voluntary system, including voluntary cooperative control of quality and utilization. It also was felt that physicians must reserve and safeguard their strength and their vast reservoir of public good will for a more favorable time in the future.

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